



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Olga Maria Fernanda	Middle Name (if any) N/A	Family Name (Last Name) TAPUL SALANIC	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 560.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Lester Antonio	Middle Name (if any) N/A	Family Name (Last Name) CAYAX	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 560.00
Credit Card Expiration Date CVV Code (mm/yyyy)			



May 21, 2026

USCIS
Attn: I-765 C08
P.O. Box 650888
Dallas, TX 75265-0888

RE: I-765 Application for Employment Authorization
Applicants: Olga María Fernanda Tupul Salanic (A226151273)
Lester Antonio Cayax (A226151274)

Dear Sir or Madam,

Enclosed please find the Application for Employment Authorization packet for the applicants, along with the following:

Forms G-1450, Authorization for Credit Card Transactions;
Forms G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
Forms I-765, Application for Employment Authorization.

Documents:

- Olga María Fernanda Tupul Salanic's Passport;
- Lester Antonio Cayax's Passport;
- Olga María Fernanda Tupul Salanic and Lester Antonio Cayax's Marriage Certificate with English Translation;
- Proof of Asylum Application (First 3 pages of Form I-589);
- Proof of Asylum Clock;
- Photos 2x2.

Sincerely,

Natalia Vieira Santanna, SBN#337502
P.O. Box 7528
Oakland, CA 94601
(510) 922-0154



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **VIEIRA SANTANNA**
2.b. Given Name (First Name) **Natalia**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 7528**
3.b. Apt. Ste. Flr.
3.c. City or Town **Oakland**
3.d. State **CA** 3.e. ZIP Code **94601**
3.f. Province
3.g. Postal Code
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5109220154**
5. Mobile Telephone Number (if any) **5109220154**
6. Email Address (if any) **natalia@santannalaw.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority
CA

1.b. Bar Number (if applicable)
337502

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)
Santanna Law Offices

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization
N/A

2.c. Date of Accreditation (mm/dd/yyyy)
N/A

3. I am associated with **N/A**, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate
N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
▶
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➔ 

2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

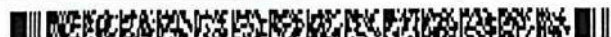
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)





Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="337502"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="4"/>
--	---	--	---

▶ **START HERE** - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
Santanna Law Offices PC
- 5.b. Street Number and Name **PO Box 7528**
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town **Oakland**
- 5.e. State **CA** 5.f. ZIP Code **94601**
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name **2735 Mission Street**
- 7.b. Apt. Ste. Flr. **25**
- 7.c. City or Town **San Francisco**
- 7.d. State **CA** 7.e. ZIP Code **94110**

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- **2 2 6 1 5 1 2 7 3**
9. USCIS Online Account Number (if any)
▶ **N/A**
10. Sex Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
13. Provide your Social Security number (SSN) (if known).
▶ **N/A**

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

- 14.a. Country
Guatemala
- 14.b. Country
N/A



Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Mazatenango

15.b. State/Province of Birth

Suchitepequez

15.c. Country of Birth

Guatemala

16. Date of Birth (mm/dd/yyyy)

09/06/2001

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

▶ N/A

18. Passport Number of Your Most Recently Issued Passport

339000406

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Guatemala

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

07/05/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

11/09/2024

23. Place of Your Last Arrival Into the United States

Otay Mesa CA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Asylum Applicant - I-589 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(C) (8) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in Part 5., , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application; and
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

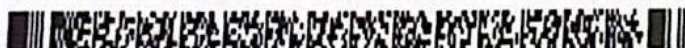
NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)



Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

05/12/2026



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

N/A

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

N/A

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

N/A

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

N/A

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

N/A





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
3.b. Apt. Ste. Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
▶
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

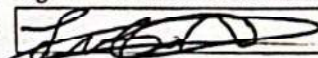
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

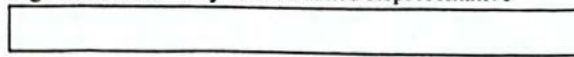
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

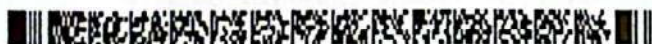
Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ 
- 2.b. Date of Signature (mm/dd/yyyy) **04/06/2026**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy) **04/06/2026**
- 2.a. Signature of Law Student or Law Graduate
N/A
- 2.b. Date of Signature (mm/dd/yyyy) **N/A**



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number
2.b Part Number
2.c Item Number

2.d N/A

N/A

N/A

N/A

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3.a Page Number
3.b Part Number
3.c Item Number

3.d N/A

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4.a Page Number
4.b Part Number
4.c Item Number

4.d N/A

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5.a Page Number
5.b Part Number
5.c Item Number

5.d N/A

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N/A

6.a Page Number
6.b Part Number
6.c Item Number

6.d N/A

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N/A





Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/>		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="337502"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="063460327974"/>
--	--	---	--

▶ **START HERE** - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
Santanna Law Offices PC
- 5.b. Street Number and Name **PO Box 7528**
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town **Oakland**
- 5.e. State **CA** 5.f. ZIP Code **94601**
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name **2735 Mission Street**
- 7.b. Apt. Ste. Flr. **25**
- 7.c. City or Town **San Francisco**
- 7.d. State **CA** 7.e. ZIP Code **94110**

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- **2 2 6 1 5 1 2 7 4**
9. USCIS Online Account Number (if any)
▶ **N/A**
10. Sex Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
13. Provide your Social Security number (SSN) (if known).
▶ **N/A**

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

- 14.a. Country
Guatemala
- 14.b. Country
N/A



Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Mazatenango

15.b. State/Province of Birth

Suchitepequez

15.c. Country of Birth

Guatemala

16. Date of Birth (mm/dd/yyyy)

11/19/1998

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

▶ N/A

18. Passport Number of Your Most Recently Issued Passport

338914101

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Guatemala

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

10/30/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

11/09/2024

23. Place of Your Last Arrival Into the United States

Otay Mesa CA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Asylum Applicant - I-589 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(C) (8) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application; and
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➔

7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Fl.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Fl.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

N/A

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

N/A

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

N/A

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

N/A

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

N/A



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Olga María Fernanda Tupul Salanic's Passport

Olga María Fernanda Tupul Salanic's Passport 1-17

Exhibit 2 - Lester Antonio Cayax's Passport

Lester Antonio Cayax's Passport 18-34

Exhibit 3 - Marriage certificate of Olga María Fernanda Tupul Salanic and Lester Antonio Cayax

Marriage certificate of Olga María Fernanda Tupul Salanic and Lester Antonio Cayax 35-39

Exhibit 4 - Proof of Asylum Application (First 3 pages of Form I-589)

Proof of Asylum Application (First 3 pages of Form I-589) 40-42

Exhibit 5 - Proof of Asylum Clock

Proof of Asylum Clock 43

**Exhibit 1 - Olga María
Fernanda Tupul
Salanic's Passport**

REPUBLICA DE GUATEMALA
REPUBLIC OF GUATEMALA



F9044985

PASAPORTE
PASSPORT



03

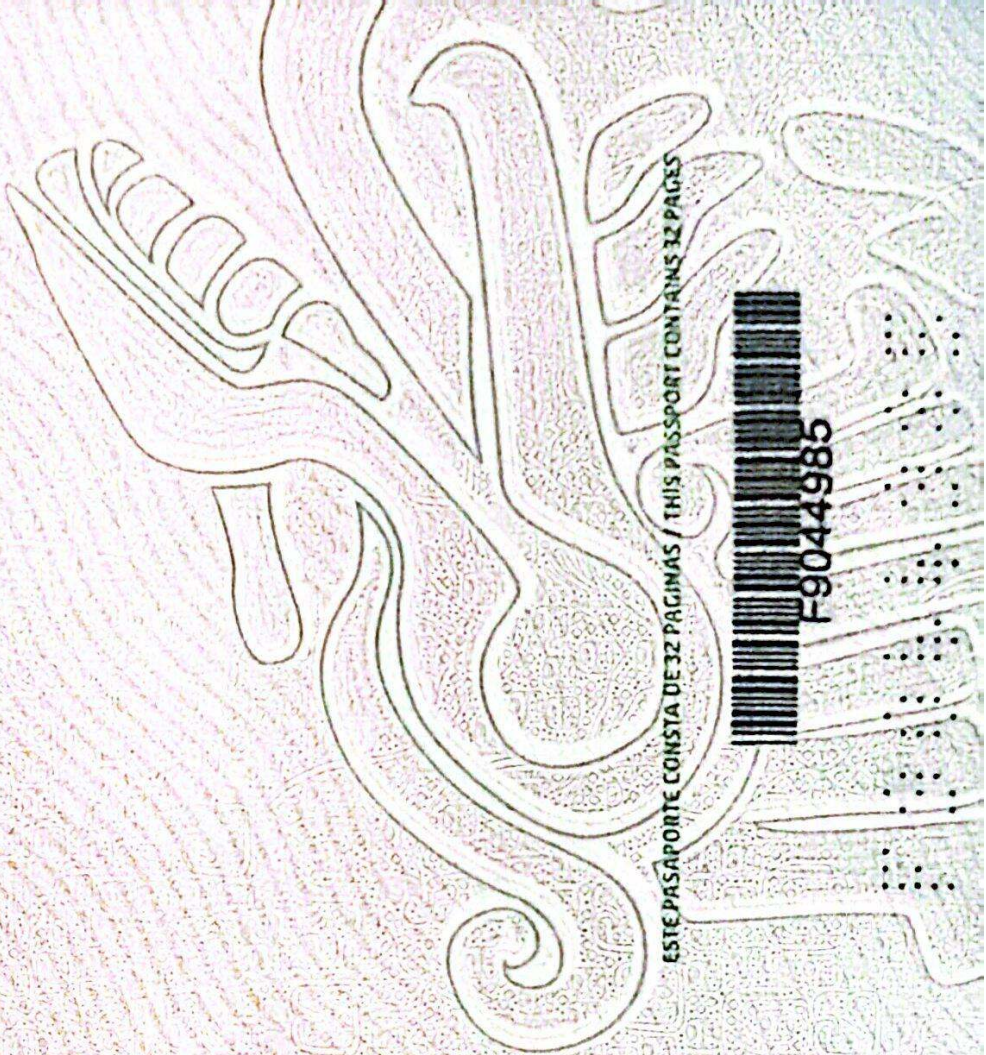
OBSERVACIONES
OBSERVATIONS

«LA EMISION DE ESTE DOCUMENTO NO AFECTA LOS DE RECHOS
DE CUATEMPLEA SOBRE SU TERRITURIO.»

ESTE PASAPORTE CONSTA DE 32 PAGINAS / THIS PASSPORT CONTAINS 32 PAGES

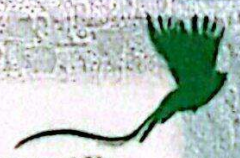


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PASAPORTE / PASSPORT

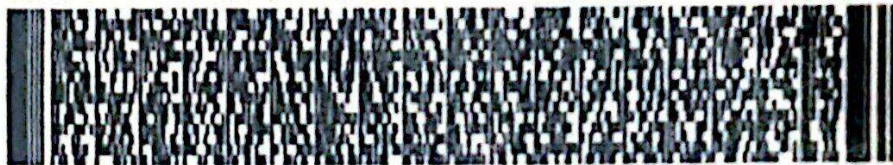
REPUBLICA DE GUATEMALA



Tipo / Type	Pais Emisor / Country Code	Pasaporte N. / Passport No.
P	GTM	111001 339000406
Apellidos / Surname		
TUPUL SALANIC		
Nombres / Given names		
OLGA MARIA FERNANDA		
Nacionalidad / Nationality		
GUATEMALTECA		
Fecha de nacimiento / Date of Birth	Identidad No. / ID No.	
6 SEPT / SEP 01	3390004061001	
Sexo / Sex	Lugar de nacimiento / Place of birth	
F	SUCHITEPEQUEZ MAZATENANGO	
Fecha de Emisión / Date of issue	Autoridad / Authority	
6 JUL / JUL 23	DIRECTOR MIGRACION	
Fecha de vencimiento / Date of expiry	No. de Libreta / Booklet No.	
5 JUL / JUL 28	F9044985	



Firma del Titular / Holder's signature



P<GTMTUPUL<SALANIC<<OLGA<MARIA<FERNANDA<<<<<
3390004063GTM0109062F28^7052F9044985<<<<<<<26

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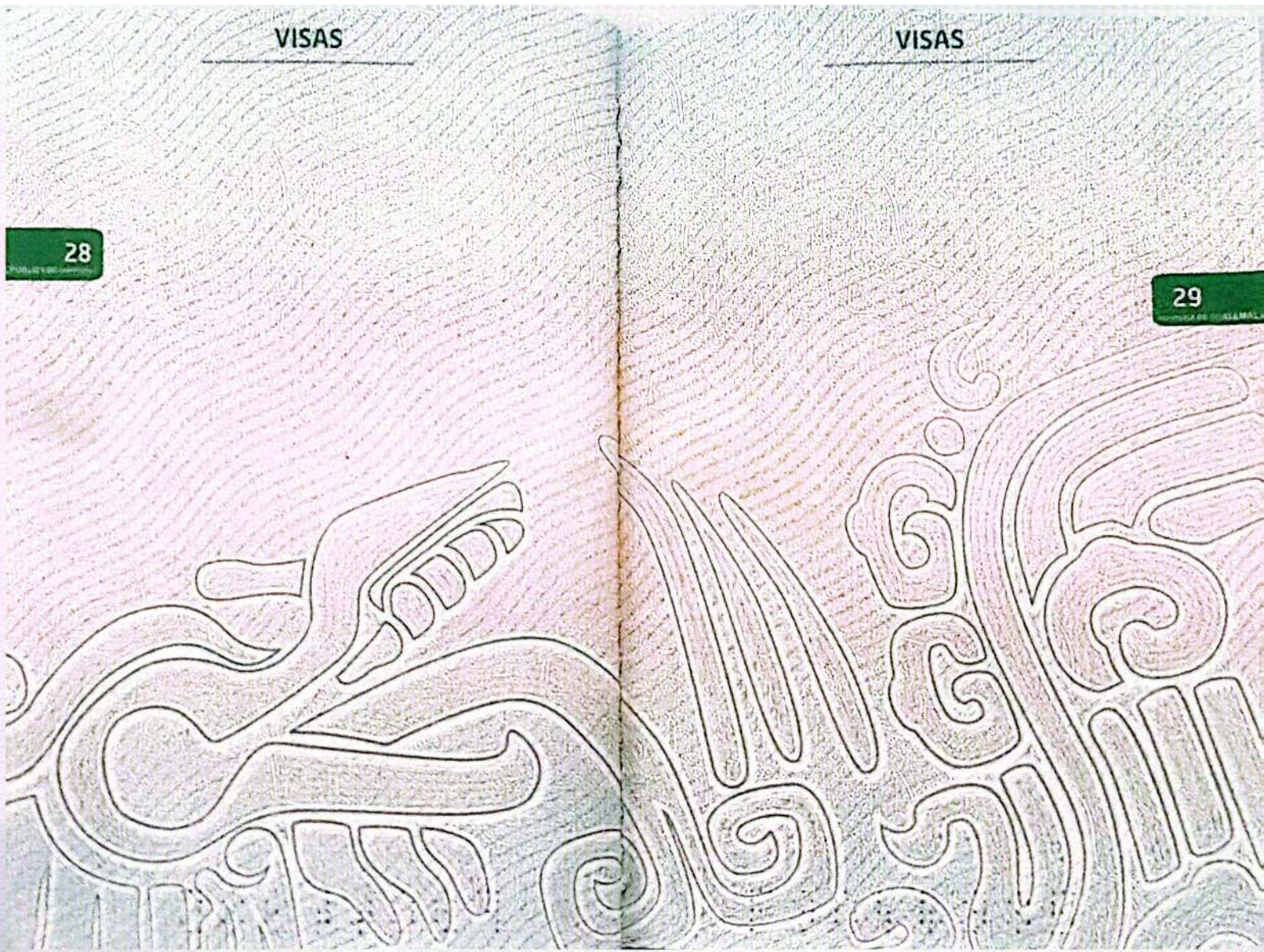


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VISAS

30

VISAS

31



IMPORTANTE

Disponible en el documento de identidad de los guatemaltecos en el extranjero.

El pasaporte digital es un servicio que el Instituto Guatemalteco de Migración

El pasaporte digital es un servicio que el Instituto Guatemalteco de Migración
del Código de Adquisición Decreto número 44-2010 del Congreso de la República
de Guatemala.

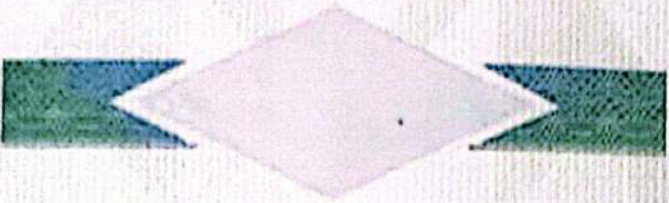
- a) No sea el estado por el Instituto Guatemalteco de Migración.
 - b) Cuales sea con las condiciones de los países que el Instituto Guatemalteco de Migración.
 - c) Cuales sea la información de los países de origen.
- El pasaporte digital es un servicio que el Instituto Guatemalteco de Migración
del Código de Adquisición Decreto número 44-2010 del Congreso de la República de
Guatemala.
- a) Cuales sea el estado por el Instituto Guatemalteco de Migración.
 - b) Cuales sea con las condiciones de los países que el Instituto Guatemalteco de Migración.
 - c) Cuales sea la información de los países de origen.

**Exhibit 2 - Lester
Antonio Cayax's
Passport**

REPUBLICA DE GUATEMALA
REPUBLIC OF GUATEMALA



PASAPORTE
PASSPORT



F 10359718



817823017

VISAS

F10359718

VISAS

81702801

VISAS

F10358718

VISAS

91735017

VISAS

8



F10359718

VISAS

9



8178201

VISAS

10

210359718

VISAS

817E2E017

VISAS

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F10359718

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81783017

VISAS

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F1059718

VISAS

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01792017

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F10359710

VISAS

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817832017

VISAS

F10359718

VISAS

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19

817E2P174

VISAS

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F10B9718

VISAS

21

81788017

VISAS

F10859719

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22

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VISAS

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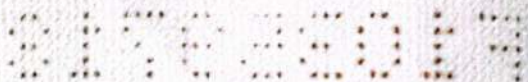


317830017

VISAS

31





VISAS



IMPORTANTE

El pasaporte es el documento de identidad de los guatemaltecos en el extranjero. El pasaporte ordinario será emitido por el Instituto Guatemalteco de Migración. El pasaporte será nulo por las causas que se determinan en el Artículo 95 del Código de Migración, Decreto número 44-2016 del Congreso de la República de Guatemala:

- a) No sea emitido por el Instituto Guatemalteco de Migración.
- b) Cuando no cumpla con las características definidas por el Instituto Guatemalteco de Migración.
- c) Cuando se le ha incorporado visas falsas de otros países.

El pasaporte será anulable por las causas establecidas en el Artículo 95 del Código de Migración, Decreto número 44-2016 del Congreso de la República de Guatemala:

- a) Cuando por hurto, robo, extravío, deterioro y otros, es declarado anulado mediante el procedimiento de denuncia o reporte correspondiente.
- b) Cuando es alterada la información de la persona a quien identifica.
- c) Cuando se ha alterado sus formas.
- d) Cuando ha expirado por cumplirse su plazo de vigencia.



**Exhibit 3 - Marriage
certificate of Olga
María Fernanda Tupul
Salanic and Lester
Antonio Cayax**



Civil Registry of Persons Marriage Certificate

The Undersigned Civil Registrar of Persons of the
Municipality of Guatemala, Department of Guatemala,
CERTIFIES

that on September twenty-eight, twenty twenty-three, in the Civil Registry of the Municipality
of SAN JOSÉ LA MÁQUINA, Department of SUCHITEPEQUEZ, the marriage registration No.
1603 was registered:

Husband's Information



3389141611001

Unique Identification Code

- Lester Antonio, Cayax -

Husband's Names and Surnames

GUATEMALA, SUCHITEPEQUEZ, MAZATENANGO

Place of Origin

Student

Occupation

Wife's Information



3390004061001

Unique Identification Code

- Olga María Fernanda, Tupul Salanic -

Wife's Names and Surnames

GUATEMALA, SUCHITEPEQUEZ, MAZATENANGO

Place of Origin

Student

Occupation

Marriage Information

GUATEMALA, SUCHITEPEQUEZ, SAN JOSÉ LA MÁQUINA

Place of Marriage

September sixteenth, two thousand twenty-three

NO

Date of Marriage

Prenuptial agreement

COMMUNITY PROPERTY

- LICENCIADO HÉCTOR RAÚL VELÁSQUEZ RODRÍGUEZ -

Legal Regime

Authority

Remarks

NO ANNOTATION RECORDED



RENAPPORAL

11/5/2025 2:01:02 p.m.

Web Services

adetec5lamaquina@gmail.com

Issued on November fifth, two thousand twenty-five by the Civil Registrar of Persons, and authenticated as a true copy of the original.

-----LAST LINE-----

I certify



Licenciado Edras Salomon, García Soto
DEPUTY CIVIL REGISTRAR OF PERSONS

CIVIL REGISTRY OF PERSONS
1
RENAP
GUATEMALA
GUATEMALA
OFFICE No. 195

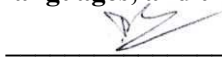


RENAP
Registro Nacional de las Personas



This certificate was printed on bond paper on November fifth, two thousand twenty-five and is valid for six months or three QR code verifications. For the uses convenient to the interested party, its authenticity must be verified through the link <https://www.renap.gob.gt/verificacion-de-certificado> or calling 1516.

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish to English has been performed by myself, a qualified translator fluent in the three languages, and that the following is an accurate and complete translation of the document.



Date: November 7, 2025.

**Registro Civil de las Personas**
Certificado de Matrimonio

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del
Municipio de Guatemala, Departamento de Guatemala,

CERTIFICA

que con fecha veintiocho de septiembre de dos mil veintitrés, en el Registro Civil del Municipio
de SAN JOSÉ LA MÁQUINA, Departamento de SUCHITEPEQUEZ, quedó inscrito el Matrimonio
No. 1603 de:

Datos del Varón

3389141611001

Código Único de Identificación

- Lester Antonio , Cayax -

Nombres y Apellidos del Varón

GUATEMALA, SUCHITEPEQUEZ, MAZATENANGO

Lugar de Origen

Estudiante

Ocupación

Datos de la Mujer

3390004061001

Código Único de Identificación

- Olga María Fernanda, Tupul Salanic -

Nombres y Apellidos de la Mujer

GUATEMALA, SUCHITEPEQUEZ, MAZATENANGO

Lugar de Origen

Estudiante

Ocupación

Datos del Matrimonio

GUATEMALA, SUCHITEPEQUEZ, SAN JOSÉ LA MÁQUINA

Lugar de Matrimonio

dieciséis de septiembre de dos mil veintitrés

NO

Fecha del Matrimonio

Capitulaciones

COMUNIDAD GANANCIALES

- LICENCIADO HÉCTOR RAÚL VELÁSQUEZ RODRÍGUEZ -

Régimen Económico

Autoridad

Observaciones

NO CONSTA NINGUNA ANOTACIÓN



RENAPPORTAL

5/11/2025 14:01:02

ServiciosWeb

adetec5lamaquina@gmail.com

Extendida el día cinco de noviembre de dos mil veinticinco por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

-----ULTIMA LÍNEA-----

Doy fe



Licenciado Edras Salomon , García Soto
REGISTRADOR CIVIL DE LAS PERSONAS EN FUNCIONES



Este certificado fue impreso en papel bond el día cinco de noviembre del dos mil veinticinco y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: <https://www.renap.gob.gt/verificacion-de-certificado> o bien llamando al 1516.

**Exhibit 4 - Proof of
Asylum Application
(First 3 pages of
Form I-589)**



Application for Asylum and for Withholding of Removal

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-589
OMB No. 1615-0067
Expires 09/30/2027

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any) 226151273	2. U.S. Social Security Number (if any) N/A	3. USCIS Online Account Number (if any) N/A	
4. Complete Last Name TUPUL SALANIC	5. First Name Olga Maria Fernanda	6. Middle Name N/A	
7. What other names have you used (include maiden name and aliases)? N/A			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 2735 Mission St		Apt. Number 11	
City San Francisco	State CA	Zip Code 94110	Telephone Number (628) 5886344
(NOTE: You must be residing in the United States to submit this form.)			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): Santanna Law Offices PC		Telephone Number (510) 9220154	
Street Number and Name PO Box 7528		Apt. Number N/A	
City Oakland	State CA	Zip Code 94601	
10. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12. Date of Birth (mm/dd/yyyy) 09/06/2001	13. City and Country of Birth Mazatenango, Guatemala		
14. Present Nationality (Citizenship) Guatemalan	15. Nationality at Birth Guatemalan	16. Race, Ethnic, or Tribal Group Latina	17. Religion Catholic
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? (mm/dd/yyyy) <u>11/02/2024</u> b. What is your current I-94 Number, if any? <u>N/A</u>			
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date <u>11/09/2024</u>	Place <u>Otay Mesa CA</u>	Status <u>EWI</u>	Date Status Expires <u>N/A</u>
Date <u>N/A</u>	Place <u>N/A</u>	Status <u>N/A</u>	
Date <u>N/A</u>	Place <u>N/A</u>	Status <u>N/A</u>	
20. What country issued your last passport or travel document? Guatemala	21. Passport Number <u>339000406</u>		22. Expiration Date (mm/dd/yyyy) <u>07/05/2028</u>
	Travel Document Number <u>339000406</u>		
23. What is your native language (include dialect, if applicable)? Spanish	24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? N/A	



Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____
---------------------------	----------------------------	---	--

Your spouse I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any) 226151274	2. Passport/ID Card Number (if any) 338914161	3. Date of Birth (mm/dd/yyyy) 11/19/1998	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name CAYAX	6. First Name Lester Antonio	7. Middle Name N/A	8. Other names used (include maiden name and aliases) N/A
9. Date of Marriage (mm/dd/yyyy) 09/16/2023	10. Place of Marriage San Jose La Maquina	11. City and Country of Birth Mazatenango, Guatemala	
12. Nationality (Citizenship) Guatemalan	13. Race, Ethnic, or Tribal Group Latino	14. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
16. Place of last entry into the U.S. Otay Mesa CA	17. Date of last entry into the U.S. (mm/dd/yyyy) 11/09/2024	18. I-94 Number (if any) N/A	19. Status when last admitted (Visa type, if any) EWI
20. What is your spouse's current status? EWI	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	22. Is your spouse in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy) N/A
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Your Children. List all of your children, regardless of age, location, or marital status.

I do not have any children. (Skip to Part A.III., Information about your background.)

I have children. Total number of children: 1

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any) 226151275	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name CAYAX TUPUL	6. First Name Lester Samuel	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) 04/01/2024
9. City and Country of Birth Mazatenango, Guatemala	10. Nationality (Citizenship) Guatemalan	11. Race, Ethnic, or Tribal Group Latino	12. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S. Otay Mesa, CA	15. Date of last entry into the U.S. (mm/dd/yyyy) 11/09/2024	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) EWI
18. What is your child's current status? EWI	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



Part A.II. Information About Your Spouse and Children (continued)			
1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EOIR - 6 of 16



Exhibit 5 - Proof of Asylum Clock

EOIR Asylum EAD Clock Information



Removal

A-Number:	226-151-273	NTA Date:	11/09/2024
Name:	TUPUL SALANIC, OLGA MARIA FERNANDA	As of:	05/20/2026
EAD Clock is running:	193 Days Elapsed	Asylum Type:	Defensive
Init Asylum Rec'd Date:	11/08/2025	Asylum Decision:	
Date Appeal Filed:			
DHS Days At Referral:			
DHS Status At Referral:	No Clock		

Event Dates & Decisions/Adjournments

Events	Date	Base City	Decision/Adjournment	Clock Action	Elapsed Days	Cumulative
Today	05/20/2026	SFR	N/A	N/A	97	193
Hearing	02/12/2026	SFR	64 - IJ REASSIGNMENT	Run	96	96
Start	11/08/2025	SFR	N/A	Run	0	0

Close